

REQUEST FOR ACCEPTANCE OF SUBCONTRACTOR

To: Schenectady Municipal Housing Authority
Modernization Department
375 Broadway
Schenectady NY 12305

DATE: _____
PROJECT NO.: _____
PROJECT NAME: _____
PROJECT LOCATION: _____

In accordance with our prime contract for _____ of this project, we request acceptance of the following proposed subcontractor to perform work or supply material as indicated below:

- 1. SUBCONTRACTOR NAME: _____
ADDRESS: _____
FEDERAL ID/SSN NO.: _____ TELEPHONE NO.() _____
MBE/WBE/DBE: _____

2. SCOPE OF WORK (Type of work, and Specification section reference)

3. The subcontractor's Non-Collusive Affidavit in the form required by our contract is furnished herewith along with the Certificate of Insurance naming the owner as Additional Insured (ORIGINAL ONLY ATTACHED TO THE ORIGINAL OF THIS REQUEST).

4. We warrant that the provisions required by our contract to be inserted in each subcontract will be inserted in this subcontract.

5. We certify that this proposed subcontractor is not ineligible to receive awards of contracts from the United States as evidenced by the list or lists of such contractors maintained by HUD.

6. There will be no assignment of interest in this subcontract except as follows (If NONE, so state)

7. We certify the Sub contractor has received a copy of the Federal Wage Rates (In Specification Book) on this Project

8. Terms of Payment: _____ Price: \$ _____

9. Remarks: _____

Prime Contractor
By: _____
Title: _____

APPROVAL OR REJECTION

Subcontractors eligibility to receive contract awards has been verified _____

The proposed subcontractor named above is Approved Disapproved

If accepted, the contracting party giving such acceptance assumes no responsibility in connection with the form or terms of the subcontract, nor the performance of the subcontractor, and this form will NOT be returned.

If rejected, the reason(s) will be briefly stated herein, and this form will be returned within 10 days after receipt.

(Date)

(Contracting Officer)